

# ELK GROVE COMMUNITY SERVICES DISTRICT DEPARTMENT OF PARKS & RECREATION

Sponsored by:

**ALLDATA**  
684-5200

**JOE HILL'S  
TRANSMISSION**  
423-1191

**CHASE**  
Terry E. Parrett

(916) 691-4446 • Fax: (916) 691-4451



Ages 4-7

## T-BALL



We Need You!

### Coaches:

- 150 volunteer coaches needed
- training provided
- 2-3 hours/week commitment
- 1 practice & 1 game per week

### Team Sponsors:

Here is a great opportunity to promote your business name, community group or show your individual support in the community. You can sponsor a T-Ball team for \$125. This includes your name, logo and phone number printed on the team shirts and a framed team photo. Call 685-3917 to request a sponsor form.

### Operation Clyde:

the Recreation Activity Assistance Fund

- helps Elk Grove individuals who cannot afford to participate in EGCS D recreation activities. Ask for an application in our office.

### The Program

T-Ball teaches boys and girls the fundamentals of baseball, good sportsmanship and team work all in a fun, non-competitive way. Boys and girls play on the same teams. Teams are *often* made up of kids from the same school. Practices begin in March with locations, day and time determined by the coach. The T-Ball Tribune, detailing photo day, important dates, team assignments, etc., will be available in the office upon registration. In this league, all players field and bat each inning and no score or outs are kept.

### Ages:

Must be 4 by January 1, 2004, Cannot be 8 before August 1, 2004  
2 divisions: • 4-5 yr olds (for the beginner) • 6-7 yr olds

### Locations:

East of 99 - Elk Grove Rec Center OR Laguna West - Bartholomew Park OR Laguna - Laguna Community Park

**Dates:** Picture Day - March 6, 2004

- Saturdays - March 20, 27, April 3, 17, 24 (no games 4/10), May 8, 15 (no games 5/1)
- Tuesday or Thursday - April 20 or 22

### Times:

9 am to 3 pm - Saturdays; 5:15 to 6:15 pm - Tuesdays or Thursdays

- *Game times will vary each week*
- Practice times to be scheduled by team coach

### Registration:

In order to participate and be placed on a team, all participants must have complete registration and emergency information form on file.

**Mail in and fax registration accepted. (Please include Visa or Mastercard with faxed registration)**

#### Early Registration • \$65 per player:

November 3-26\*, 2003 \*Office closed November 11

#### Regular Registration • \$75 per player:

December 1, 2003-January 23\*, 2004 \*Office closed December 24, 25, 31 (noon-5 pm), & January 1. *Beginning January 26 a waiting list will be formed. If space becomes available, the late registration fee will be \$85 per player.*

#### Weekday Registration:

**From 8-4 pm** at: EGCS D Parks and Recreation, 8820 Elk Grove Blvd., Ste. 3, 685-3917, or Laguna Town Hall, 3020 Renwick Ave., 684-7550

Three locations for your convenience

If you are interested in leagues for: Girls only T-Ball, call Elk Grove Girls Softball at 714-3399.  
For competitive baseball, call Cal Ripken baseball at 685-6665 (voice mail).

**For additional information or for an application, call  
Elk Grove Parks and Recreation at 685-3917 or 684-7550**

This is not an Elk Grove Unified School District sponsored program and Elk Grove Unified School District accepts no liability or responsibility for this program/activity.



Fire • Emergency Medical • Parks & Recreation

www.egcsd.ca.gov

# Elk Grove CSD Department of Parks & Recreation

## 2004 T-BALL COACH APPLICATION



Please complete and return this application by **Friday, January 9, 2004**

**Walk in or Mail to: Elk Grove CSD Parks and Recreation, 8820 Elk Grove Blvd., Ste. 3, Elk Grove, 95624**

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Your Shirt Size: Adult: ☐ L(42-44) ☐ XL(46-48) ☐ XXL(50-52)

1. Were you certified in our NYSCA training for T-Ball coaches before? If so, which year(s)? \_\_\_\_\_

2. Are you currently NYSCA certified in another sport? If so, which sport(s)? \_\_\_\_\_

3. Name of your child or child whose team you want to coach \_\_\_\_\_

4. Site where you would like to coach ☐ EG Rec Center (East) ☐ Laguna Community Park (Laguna) ☐ Bartholomew Park (Laguna West)

5. Your availability during the 2003 T-Ball season:

Weekday practices/games: ☐ Always available ☐ Usually available- Times \_\_\_\_\_

Saturday Games: ☐ Always available ☐ Usually available- Times \_\_\_\_\_

6. Desired Position: ☐ Head Coach ☐ Assistant Coach

Previous Coaching Experience:

☐ T-Ball (please list which seasons) \_\_\_\_\_

☐ Other Coaching (please describe) \_\_\_\_\_

7. Convictions -- Conviction of a crime is not necessarily a bar to involvement in our program. Each case is considered separately. Have you ever been convicted by any court of an offense? ☐ Yes ☐ No

*Omit: Minor traffic violations; any offense committed prior to your 18th birthday which was finally adjudicated in a Juvenile Court or under a youth offender law; any incident sealed under Welfare & Institutions Code #781 or Penal Code #1203.45.*

If Yes, state what offense, when, where, and disposition of case.

8. **All coaches will be fingerprinted.** When you turn in your application, please ask for form to get fingerprinted free of charge.

9. Please list two references we can contact other than relatives:

Name	Phone	Relationship
_____	_____	_____
_____	_____	_____

10. Training -- All coaches **ARE REQUIRED** to attend one of the following EGCS D half day T-Ball Clinics at the CSD Administrative Building. The clinic provides an opportunity to get more information on the T-Ball program, meet your fellow coaches, improve your coaching skills through the NYSCA coaching program, and share and receive words of wisdom from experienced coaches.

**Check below the training clinic you will attend. Remember to mark your calendar !**

Saturday January 24, 2004 9:00 am-1:00 pm	OR	Saturday February 21, 2004 9:00 am-1:00 pm
<input type="checkbox"/> first year coach <input type="checkbox"/> second or third year coach		<input type="checkbox"/> first year coach <input type="checkbox"/> second or third year coach

**Signature of Applicant** My signature affirms that all information is true to the best of my knowledge.

Signature \_\_\_\_\_

Today's Date \_\_\_\_\_



**685-3917**

www.egcsd.ca.gov



Elk Grove CSD Department of Parks and Recreation

# T-Ball Registration and Medical Form



REGISTRATION INFORMATION

Location of Program: **East of 99 (EG Rec Center)** ☐ # 4510.101  
**Laguna (Laguna Community Park)** ☐ # 4520.101  
**Laguna West (Bartholomew Park)** ☐ # 4530.101

Init.

Participant's Name: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

**T-Ball Experience:** ☐ no experience ☐ 1 yr. experience ☐ 1+ yrs. experience

If your child attends private school, which public school is located closest to your home? \_\_\_\_\_

Check all boxes which apply:

☐ **Yes, I want to be a T-Ball Coach.**

☐ **I may want to coach. Send details.**

☐ **Yes, I'll sponsor a T-Ball team for \$125. Payment attached.**

☐ **I may want to sponsor a team. Send details.**

## Registration continued on reverse-

Payment Information must be completed on reverse. List any special requests on reverse.

## Hold Harmless Agreement

The Elk Grove Community Services District, their officers and employees, and any co-sponsor of this activity are not responsible for any injury which may be suffered by the participant while traveling to, during, or returning from the activity designated in this notice. The sponsoring agency has no medical insurance for individuals, and injury will be the participant's responsibility. Under California Law, an individual, or parent or guardian if actual participant is under 18, is responsible for any and all property damage, personal or private, which the individual may cause during the course of an activity such as designated in this notice. Additionally, the participant, or parent or guardian if actual participant is under 18, acknowledges that the EGCS D reserves the right to photograph facilities, activities, and program participants for potential future use for publicity or promotion purposes only. I have read and understand this notice.

\_\_\_\_\_  
Signature of Parent or Guardian (over age 18)

\_\_\_\_\_  
Date

EMERGENCY INFORMATION

Parent's Name(s): \_\_\_\_\_

Phone # Mother (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Pgr): \_\_\_\_\_

Phone # Father (Home): \_\_\_\_\_ (Work): \_\_\_\_\_ (Cell): \_\_\_\_\_ (Pgr): \_\_\_\_\_

List any allergies, dietary restrictions, medications, etc. (or indicate NONE): \_\_\_\_\_

What was the approximate date of last Tetanus Booster?: \_\_\_\_\_

Name of Physician: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Insurance Carrier & Number: \_\_\_\_\_

**Person to contact in  
Case of Emergency  
Other than Parents:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

As the parent/guardian of the above minor child, I hereby authorize the Elk Grove Community Services District as my agent for the purpose of consenting to the examination, administering of anesthetic, medical or surgical diagnosis, treatment and hospital supervision by any physician or surgeon licensed by the State of California pursuant to the provisions of the Medical Practice Act. It is understood this authorization is given in advance of any specified diagnosis, treatment or hospital care being rendered but is given to provide authority and power on the part of said agent to give specific consent to any and all such diagnosis, treatment or hospital care which the aforementioned physician or surgeon in the exercise of their best judgement may deem advisable. This authorization given pursuant to Section 25.8 of the Civil Code of California.

\_\_\_\_\_  
Signature of Parent or Guardian (over age 18)

\_\_\_\_\_  
Date

**For additional information, call EGCS D Parks and Recreation at 685-3917 (See Reverse)**

Elk Grove CSD Department of Parks and Recreation

# T-Ball Registration Information

(Continued)

**Type of Payment:** (check one)

☐ VISA/MC Payment:

\_\_\_ VISA \_\_\_ MasterCard Card# \_\_\_\_\_ Expires Mo./Yr. \_\_\_\_/\_\_\_\_

Name as it appears on card: \_\_\_\_\_

☐ Check # \_\_\_\_\_

☐ Cash

## Special Requests:

A.) **Coach-** For placement with a coach please indicate his or her first and last name.

B.) **Another Player-** If your child would like to play with another participant indicate players first and last name. **Both players registration forms must be completed and turned in together.**

**Disclaimer:** EGCSD will do its best to ensure your request is granted, however requests cannot be guaranteed.

(see inside)



PRSR STD  
U.S. Postage  
PAID  
Elk Grove, CA  
Permit 84

Elk Grove CSD  
Department of Parks & Recreation  
8820 Elk Grove Blvd., Ste. 3  
Elk Grove, CA 95624

